

329,00U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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# PHA Plans

5 Year Plan for Fiscal Years 2001 - 2005  
Annual Plan for Fiscal Year 2001

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHA Name:** THE HOUSING AUTHORITY OF THE CITY OF FORT SMITH, ARKANSAS

**PHA Number:** AR003

**PHA Fiscal Year Beginning:** 09/2001

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- X Main administrative office of the PHA
- X PHA development management offices
- X PHA local offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- X Main administrative office of the PHA
- PHA development management offices
- X PHA local offices
- X Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- X Main business office of the PHA
- X PHA development management offices
- Other (list below)

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2001 - 2005**  
[24 CFR Part 903.5]

**A. Mission**

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- X      The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- X      PHA Goal: Expand the supply of assisted housing  
Objectives:  
X      Apply for additional rental vouchers:  
X      Reduce public housing vacancies:  
X      Leverage private or other public funds to create additional housing opportunities:  
X      Acquire or build units or developments  
X      Other (list below)  
HOMEOWNERSHIP PROGRAMS
- X      PHA Goal: Improve the quality of assisted housing  
Objectives:  
X      Improve public housing management: (PHAS score) 88.1  
X      Improve voucher management: (SEMAP score)  
X      Increase customer satisfaction:  
X      Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)

- X Renovate or modernize public housing units:
  - X Demolish or dispose of obsolete public housing:
  - X Provide replacement public housing:
  - Provide replacement vouchers:
  - X Other: (list below)
- BUILD SCATTERED SITES FOR HOMEOWNERSHIP

- X PHA Goal: Increase assisted housing choices
- Objectives:
  - X Provide voucher mobility counseling:
  - X Conduct outreach efforts to potential voucher landlords
  - X Increase voucher payment standards
  - Implement voucher homeownership program:
  - X Implement public housing or other homeownership programs:
  - X Implement public housing site-based waiting lists:
  - Convert public housing to vouchers:
  - Other: (list below)

**HUD Strategic Goal: Improve community quality of life and economic vitality**

- X PHA Goal: Provide an improved living environment
  - Objectives:
    - X Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
    - X Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
    - X Implement public housing security improvements:
    - X Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
    - X Other: (list below)
- ON SITE FAMILY COUNSELING CENTER

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

- X PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
  - X Increase the number and percentage of employed persons in assisted families:
  - X Provide or attract supportive services to improve assistance recipients' employability:

- X Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- X Other: (list below)  
PROVIDE ON SITE JOB TRAINING PROGRAMS

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- X PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
  - X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
  - X Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
  - X Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
  - Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**Annual PHA Plan**  
**PHA Fiscal Year 2001**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

- High Performing PHA**  
 **Small Agency (<250 Public Housing Units)**  
 **Administering Section 8 Only**

**Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

**THE HOUSING AUTHORITY OF THE CITY OF FORT SMITH, ARKANSAS, HAS TAKEN THE NEW QUALITY OF HOUSING AND WORK RESPONSIBILITY ACT OF 1998 AS AN EXCEPTIONAL EVENT REQUIRING AN EXCEPTIONAL RESPONSE.**

**IN PREPARING ITS PLAN, THE FSHA RECOGNIZED THE NEED TO EXPLORE POSSIBILITIES AND PLAN FOR THE IMPROVEMENT OF ITS OPERATIONS, AND MORE IMPORTANTLY, TO MODERNIZE FOR SUCCESSFUL FUNCTIONING AND ACHIEVEMENTS IN THE TWENTY-FIRST CENTURY.**

**THE FSHA HAS DEVELOPED A PLAN THAT IS CONSISTENT WITH HUD'S STATED MISSION AND GOALS. IT HAS ALSO DEVELOPED A PLAN THAT PROVIDES FOR MEASURABLE STANDARDS AGAINST WHICH PLAN OBJECTIVES CAN BE MEASURED. AS A STEP TOWARDS ITS OWN IMPROVED MANAGEMENT, THE FSHA HAS KEYED THESE STANDARDS TO THE REQUIRMENTS IN THE PUBLIC HOUSING**

**MANAGEMENT ASSESSMENT PROGRAM AND SECTION 8  
MANAGEMENT ASSESSMENT PROGRAM.**

**THE FSHA HAS ESTABLISHED ITS FUNDAMENTAL GOALS. THESE ARE TO ASSURE GOOD QUALITY HOUSING FOR ITS RESIDENTS, TO ENCOURAGE RESIDENT RESPONSIBILITY FOR THEIR LIVING SPACE, TO PROVIDE SELF-SUFFICIENCY OPPORTUNITIES FOR RESIDENTS, TO ASSURE EQUAL OPPORTUNITY FOR ITS HOUSING, AND TO PROVIDE CURRENT, SOUND MANAGEMENT POLICIES AND PRACTICES TO ITS OPERATIONS.**

**ALTHOUGH THE FSHA HAS MADE A STREAMLINED SUBMISSION, IT IS MINDFUL THAT THE REQUIREMENTS FOR A SHORTENED SUBMISSION DO NOT EXCLUDE IT FROM HAVING TO MEET ALL REQUIREMENTS OF THE QHWRA; THEREFORE, IT HAS MADE CLEAR WHERE AND WHEN ITEMS NOT SUBMITTED WITH ITS PLAN MAY BE VIEWED BY THE PUBLIC.**

**THE FSHA MET WITH ITS RESIDENTS TO GAIN THEIR ASSISTANCE FIRST IN PERFORMING A NEEDS ASSESSMENT FOR AUTHORITY OPERATIONS, THEN FOR ADDITIONAL IMPUT ON DEVELOPING PARTS OF THE ANNUAL PLAN. THE FSHA HAS DOCUMENTED THOSE MEETINGS, AND IT HAS SHOWN HOW IT WILL ADDRESS RESIDENT SUGGESTIONS FOR ITS PLAN.**

**THE FSHA HAS MADE EVERY EFFORT TO CONFORM TO THE REQUIREMENTS OF QHWRA IN TIME FOR THIS SUBMISSION. THE AUTHORITY IS AWARE THAT IT NEEDS TO MAKE CHANGES TO THESE ITEMS. IT HAS MADE THAT A PRIMARY OPERATIONAL GOAL. THE AUTHORITY IS WORKING HARD TO COMPLY WITH THE DETAILS OF THE NEW LAW AND HUD REGULATIONS.**

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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### Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

#### Required Attachments:

- Admissions Policy for Deconcentration
- FY 2000 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

#### Optional Attachments:

- PHA Management Organizational Chart
- X FY 2001 Capital Fund Program 5 Year Action Plan
- X Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- X Other (List below, providing each attachment name)

COMMUNITY SERVICE  
RESIDENT ADVISORY BOARD MEMBERS  
CAPITAL DUND PROGRAM TABLES

**Supporting Documents Available for Review**

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents  X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program	Annual Plan: Safety and

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	(PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

### **A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford-ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access-ibility</b>	<b>Size</b>	<b>Loca-tion</b>
Income <= 30% of AMI	179	NA	NA	NA	NA	NA	NA
Income >30% but <=50% of AMI	150	NA	NA	NA	NA	NA	NA
Income >50% but <80% of AMI	283	NA	NA	NA	NA	NA	NA
Elderly	194	NA	NA	NA	NA	NA	NA
Families with Disabilities	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- X Consolidated Plan of the Jurisdiction/s  
Indicate year: 2000
- X U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

**B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists**

State the housing needs of the families on the PHA’s waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
X Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	908		TEN MONTHS
Extremely low income <=30% AMI	848	93%	
Very low income (>30% but <=50% AMI)	51	6%	
Low income	9	1%	

<b>Housing Needs of Families on the Waiting List</b>			
(>50% but <80% AMI)			
Families with children	556	65%	
Elderly families	35	4%	
Families with Disabilities	47	5%	
Race/ethnicity 1	676	79%	
Race/ethnicity 2	151	19%	
Race/ethnicity 3	10	1%	
Race/ethnicity 4	9	1%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	25	47%	
2 BR	12	22.6%	
3 BR	14	26.4%	
4 BR	2	4%	
5 BR	0		
5+ BR	0		
Is the waiting list closed (select one)? X No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

**C. Strategy for Addressing Needs**

Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency’s reasons for choosing this strategy.

**(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- X Employ effective maintenance and management policies to minimize the number of public housing units off-line
- X Reduce turnover time for vacated public housing units
- X Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- X Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- X Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- X Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- X Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- X Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- X Apply for additional section 8 units should they become available  
Leverage affordable housing resources in the community through the creation of mixed - finance housing
- X Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- X Other: (list below)  
HOMEOWNERSHIP PROGRAMS PARTNERING WITH CITY CDBG FUNDS

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- X Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- X Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance  
Employ admissions preferences aimed at families with economic hardships

- X Adopt rent policies to support and encourage work
- X Other: (list below)  
ON SITE JOB TRAINING PROGRAMS

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- X Employ admissions preferences aimed at families who are working
- X Adopt rent policies to support and encourage work
- X Other: (list below)  
HOMEOWNERSHIP PROGRAM FOR MEDIAN INCOME FAMILIES

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- X Seek designation of public housing for the elderly
- X Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- X Seek designation of public housing for families with disabilities
- X Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- X Apply for special-purpose vouchers targeted to families with disabilities, should they become available  
Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA’s selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

**2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2000 grants)</b>		
a) Public Housing Operating Fund	443,377	
b) Public Housing Capital Fund	722,000	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	4,947,888	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	103,150	
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant	202,968	AFFORDABLE HOUSING
i) HOME	170,866	
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>	-0-	
<b>3. Public Housing Dwelling Rental Income</b>	774,730	
<b>4. Other income (list below)</b>	1,912,540	
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	<b>9,277,519</b>	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- X Other: (describe)  
UPON RECEIPT OF APPLICATION

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- X Criminal or Drug-related activity
- X Rental history
- X Housekeeping
- Other (describe)

c. X Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. X Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e.  Yes X No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

##### **(2) Waiting List Organization**

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- X Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe)

b. Where may interested persons apply for admission to public housing?

- X PHA main administrative office
  - X PHA development site management office
  - X Other (list below)
- MAIL IN APPLICATIONS, HOME VISITS PER REQUEST, ANY REASONABLE ACCOMODATION PER REQUEST
- c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**
1. How many site-based waiting lists will the PHA operate in the coming year?  
TWO
  2. Yes X No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?
  3. X Yes  No: May families be on more than one list simultaneously  
If yes, how many lists? ALL
  4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?  
XPHA main administrative office  
All PHA development management offices  
XManagement offices at developments with site-based waiting lists  
XAt the development to which they would like to apply  
 Other (list below)

**(3) Assignment**

- a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
  - X One DROPPED TO BOTTOM
  - Two
  - X Three or More REMOVED
- b. X Yes  No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

- a. Income targeting:

X Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- X Emergencies
- X Overhoused
- X Underhoused
- X Medical justification
- X Administrative reasons determined by the PHA (e.g., to permit modernization work)
- X Resident choice: (state circumstances below)
- Other: (list below)

SAFETY, HEALTH, LOCATION

c. Preferences

1. X Yes  No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- X Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- X Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- X Working families and those unable to work because of age or disability  
Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- X Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs

- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

1      Date and Time

Former Federal preferences:

- 2      Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- The PHA-resident lease
- The PHA’s Admissions and (Continued) Occupancy policy

- X PHA briefing seminars or written materials
- Other source (list)

b. How often must residents notify the PHA of changes in family composition?

(select all that apply)

- X At an annual reexamination and lease renewal
- X Any time family composition changes
- X At family request for revision
- X Other (list)

WHEN NEED TO ASSESS PENALTY FOR HUD TASS REPORTS

**(6) Deconcentration and Income Mixing**

a. Yes  No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b.  Yes  No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- Adoption of site based waiting lists  
If selected, list targeted developments below:
- Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments  
If selected, list targeted developments below:
- Other (list policies and developments targeted below)

d. Yes  No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

## B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- X Criminal or drug-related activity only to the extent required by law or regulation
- Criminal and drug-related activity, more extensively than required by law or regulation
- X More general screening than criminal and drug-related activity (list factors below)
- X Other (list below)  
MULTIPLE LEASE VIOLATIONS – SIX MONTH INELIGIBLE

b. X Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. X Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

Criminal or drug-related activity

Other (describe below)

LAST KNOWN ADDRESS

**(2) Waiting List Organization**

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

None

Federal public housing

Federal moderate rehabilitation

Federal project-based certificate program

Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

PHA main administrative office

Other (list below)

HOME VISITS, MAIL IN, REASONABLE ACCOMODATIONS PER REQUEST

**(3) Search Time**

a.  Yes  No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

LOW HOUSING STOCK, MEDICAL, DISABILITY, ELDERLY, SCHOOL SERVICES, WORK ACCOMODATIONS, REASONABLE ACCOMODATIONS PER REQUEST

**(4) Admissions Preferences**

a. Income targeting

Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1.  Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)
  
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households ~~that~~ contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

- 1 Date and Time

Former Federal preferences

- 2 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing

Homelessness  
High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- X Date and time of application
- Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- X The Section 8 Administrative Plan
- X Briefing sessions and written materials
- Other (list below)

- b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?
- X Through published notices  
Other (list below)

#### **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

##### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

##### **(1) Income Based Rent Policies**

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

- a. Use of discretionary policies: (select one)

- The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- X The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

- b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- \$0  
 \$1-\$25  
X \$26-\$50

2. X Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. X Yes  No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

FLAT RENTS-75% OF PUBLISHED FMR FOR SECTION 8 HOUSING CHOICE VOUCHERS

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

For the earned income of a previously unemployed household member  
For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

X Yes for all developments

Yes but only for some developments

No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- For all developments
- For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion
- For certain size units; e.g., larger bedroom sizes
- Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study
- Fair market rents (FMR)
- 95<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The “rental value” of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- Other (list below)

g.  Yes  No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

**(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- X The section 8 rent reasonableness study of comparable housing
- X Survey of rents listed in local newspaper
- X Survey of similar unassisted units in the neighborhood
- X Other (list/describe below)

## FMR FOR SECTION 8 HOUSING CHOICE VOUCHERS

### **B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

#### **(1) Payment Standards**

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- X At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- Success rates of assisted families
  - Rent burdens of assisted families
  - Other (list below)
- ADEQUATE HOUSING NEEDS

**(2) Minimum Rent**

a. What amount best reflects the PHA’s minimum rent? (select one)

- \$0
- \$1-\$25
- \$26-\$50

b.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

**5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

**A. PHA Management Structure**

Describe the PHA’s management structure and organization.

(select one)

- An organization chart showing the PHA’s management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

**B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use “NA” to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year	Expected Turnover
--------------	----------------------------------	-------------------

	<b>Beginning</b>	
Public Housing		
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

**C. Management and Maintenance Policies**

List the PHA’s public housing management and maintenance policy documents, manuals and handbooks that contain the Agency’s rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)
- (2) Section 8 Management: (list below)

**6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

**A. Public Housing**

- 1.  Yes  No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- PHA main administrative office
- PHA development management offices
- Other (list below)

### **B. Section 8 Tenant-Based Assistance**

1.  Yes  No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- PHA main administrative office
- Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

#### **(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

X The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

**Capital Fund Program Annual Statement  
Parts I, II, and II**

**Annual Statement**

**Capital Fund Program (CFP) Part I: Summary**

Capital Fund Grant Number AR003 FFY of Grant Approval: (09/2001)

X Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	79,420
4	1410 Administration	23,830
5	1411 Audit	600
6	1415 Liquidated Damages	
7	1430 Fees and Costs	21,000
8	1440 Site Acquisition	
9	1450 Site Improvement	120,000
10	1460 Dwelling Structures	329,473
11	1465.1 Dwelling Equipment-Nonexpendable	18,000
12	1470 Nondwelling Structures	25,000
13	1475 Nondwelling Equipment	22,150
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	97,000
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>736,743</b>
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	

24	Amount of line 20 Related to Energy Conservation Measures	
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**Annual Statement  
Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
PHA WIDE	RESIDENT COORDINATOR and AFFORDABLE HOUSING COORDINATOR	1408	79,420
PHA WIDE	ADMINISTRATION EXPENSE	1410	23,830
PHA WIDE	AUDIT	1411	600
PHA WIDE	A/E PLAN AND SPECIFICATIONS INSPECTIONS	1430	21,000
AR003-003 NELSON HALL	PARKING BAYS AND SEWERLINE REPAIRS	1450	120,000
AR003-003 NELSON	STABLIZATION, SHOWER, ROOF, FLOORS, ELECTRICAL, CABINET REPAIRS	1460	329,473
PHA WIDE	APPLIANCES	1465.1	18,000
AR003001 RAGON HOMES	MAINTENANCE STORAGE	1470	25,000
PHA WIDE	UTILITY TRUCK AND A/C TOOLS	1475	22,150
PHA WIDE	AFFORDABLE HOUSING	1498	97,000
TOTAL CAPITOL FUNDS CGP			736,743

**Annual Statement**  
**Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
PHA WIDE	10-01-02	09-30-04
AR003-001	10-01-02	09-30-04
AR003-003	10-01-02	09-30-04

**(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. X Yes  No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name

-or-

X The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

**Optional Table for 5-Year Action Plan for Capital Fund  
(Component 7)**

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
AR003-001	RAGON HOMES	1	<1%>
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Floor repairs		285,000	10-01-02
Water drainage systems		235,000	10-01-02
Light fixtures, cabinets, floor tile		410,000	10-01-02
Maintenance storage		80,000	10-01-03
Range and refrigerators		34,000	11-01-03
<b>Total estimated cost over next 5 years</b>		<b>1,044,000</b>	

**Optional Table for 5-Year Action Plan for Capital Fund**

**(Component 7)**

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
AR003	PHA WIDE		
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>
Resident Coordinator			424,370
Affordable Housing Coordinator			127,015
A/E			79,000
Audit			3,000
Affordable Housing Development			545,000
Non Dwelling Equipment			90,410
<b>Total estimated cost over next 5 years</b>			<b>1,268,795</b>

**Optional Table for 5-Year Action Plan for Capital Fund (Component 7)**

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
AR003-003	NELSON HALL HOMES	1	<1%>
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>

Sewerline replacement	492,990	10-01-03
Stablization	285,000	10-01-02
Plumbing, Bathroom shower	149,855	10-01-02
Roof replacement, parking bays	329,360	11-01-03
Landscape	40,000	12-01-04
<b>Total estimated cost over next 5 years</b>	<b>1,297,205</b>	

## B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- Yes X No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
  - Revitalization Plan under development
  - Revitalization Plan submitted, pending approval
  - Revitalization Plan approved
  - Activities pursuant to an approved Revitalization Plan underway

- YesX No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name/s below:

- Yes X No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  
If yes, list developments or activities below:

- Yes X No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. Yes X No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

### 2. Activity Description

- Yes X No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission:	
5. Number of units affected:	
6. Coverage of action (select one) Part of the development <input type="checkbox"/> Total development	
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:	

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. X Yes  No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	Nelson Hall Homes
1b. Development (project) number:	AR003003
2. Designation type:	Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities X
3. Application status (select one)	Approved; included in the PHA’s Designation Plan X Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	(09/01/1968)
5. If approved, will this designation constitute a (select one)	<input type="checkbox"/> New Designation Plan X Revision of a previously-approved Designation Plan?
6. Number of units affected:	270
7. Coverage of action (select one)	

- Part of the development  
 Total development

**10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

**A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1.  Yes  No: Have any of the PHA’s developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

<b>Conversion of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY)	

<input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <ul style="list-style-type: none"> <li><input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____)</li> <li><input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____)</li> <li><input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____)</li> <li><input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent</li> <li><input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units</li> <li><input type="checkbox"/> Other: (describe below)</li> </ul>

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

**11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. X Yes  No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing**)

**PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name: Affordable Housing Program 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input checked="" type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input checked="" type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 4 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

**B. Section 8 Tenant Based Assistance**

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

Yes  No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- 25 or fewer participants
- 26 - 50 participants
- 51 to 100 participants
- more than 100 participants

b. PHA-established eligibility criteria

Yes  No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

### **A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

Yes  No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

- Yes  No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)


**(2) Family Self Sufficiency program/s**

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

- b.  Yes  No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
  - Informing residents of new policy on admission and reexamination
  - Actively notifying residents of new policy at times in addition to admission and reexamination.
  - Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
  - Establishing a protocol for exchange of information with all appropriate TANF agencies
  - Other: (list below)

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

**13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

**A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

2. What information or data did the PHA use to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

3. Which developments are most affected? (list below)

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

2. Which developments are most affected? (list below)

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

2. Which developments are most affected? (list below)

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

X Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

X Yes  No: Has the PHA included the PHDEP Plan for FY 2001 in this PHA Plan?

X Yes  No: This PHDEP Plan is an Attachment. ( ar003a01 )

## **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1. X Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2. X Yes  No: Was the most recent fiscal audit submitted to HUD?
3.  Yes X No: Were there any findings as the result of that audit?
4.  Yes X No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5.  Yes X No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1.  Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)  
 Not applicable  
 Private management  
 Development-based accounting  
 Comprehensive stock assessment

Other: (list below)

3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

Attached at Attachment (File name)

Provided below:

3. In what manner did the PHA address those comments? (select all that apply)

Considered comments, but determined that no changes to the PHA Plan were necessary.

The PHA changed portions of the PHA Plan in response to comments  
List changes below:

Other: (list below)

### **B. Description of Election process for Residents on the PHA Board**

1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

Candidates were nominated by resident and assisted family organizations

Candidates could be nominated by any adult recipient of PHA assistance

X Self-nomination: Candidates registered with the PHA and requested a place on ballot

Other: (describe)

b. Eligible candidates: (select one)

- Any recipient of PHA assistance  
 Any head of household receiving PHA assistance  
 Any adult recipient of PHA assistance  
 Any adult member of a resident or assisted family organization  
 Other (list)

c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)  
 Representatives of all PHA resident and assisted family organizations  
 Other (list)

### **C. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: CITY OF FORT SMITH, ARKANSAS
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.  
 The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.  
 The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.  
 Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)  
FINANCIAL SUPPORT/CDBG FUNDS

### **D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

## **Attachments**

Use this section to provide any additional attachments referenced in the Plans.

## PHA Plan Table Library

### Capital Fund Program Annual Statement Parts I, II, and II

#### Annual Statement

#### Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number AR003 FFY of Grant Approval: (09/2001)

X Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	79,420
4	1410 Administration	23,830
5	1411 Audit	600
6	1415 Liquidated Damages	
7	1430 Fees and Costs	21,000
8	1440 Site Acquisition	
9	1450 Site Improvement	120,000
10	1460 Dwelling Structures	315,000
11	1465.1 Dwelling Equipment-Nonexpendable	18,000
12	1470 Nondwelling Structures	25,000
13	1475 Nondwelling Equipment	22,150
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	97,000
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>722,000</b>
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

**Annual Statement**  
**Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
PHA WIDE	RESIDENT COORDINATOR AND AFFORDABLE HOUSING COORDINATOR	1408	79,420
PHA WIDE	ADMINISTRATION EXPENSE	1410	23,830
PHA WIDE	AUDIT	1411	600
PHA WIDE	A/E PLAN AND SPECIFICATIONS INSPECTIONS	1430	21,000
AR003-003 NELSON HALL	PARKING BAYS AND SEWERLINE REPAIRS	1450	120,000
AR003-003 NELSON	STABLIZATION, SHOWER, ROOF, FLOORS, ELECTRICAL, CABINET REPAIRS	1460	315,000
PHA WIDE	APPLIANCES	1465.1	18,000
PHA WIDE	MAINTENANCE TRUCK AND TOOLS	1475	22,150
PHA WIDE	AFFORDABLE HOUSING	1498	97,000
AR003-001 RAGON HOMES	MAINTENANCE STORAGE	1470	25,000
	TOTAL CAPITOL FUNDS CGP		722,000

**Annual Statement**  
**Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
PHA WIDE	10-01-02	09-30-04
AR003-001	10-01-02	09-30-04
AR003-003	10-01-02	09-30-04



# Public Housing Drug Elimination Program Plan

**Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.**

**Annual PHDEP Plan Table of Contents:**

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

**Section 1: General Information/History**

- A. Amount of PHDEP Grant \$ 103,150**
- B. Eligibility type (Indicate with an "x")**      N1 \_\_\_\_\_ N2 \_\_\_\_\_ R X \_\_\_\_\_
- C. FFY in which funding is requested 2001**
- D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

THE PHA WILL USE A LAW ENFORCEMENT AND PREVENTION APPROACH TO DETER DRUG PROBLEMS IN OUR HA COMMUNITY. POLICE SUB-STATIONS AND BICYCLE PATROLS PROVIDED BY THE CITY WILL COORDINATE WITH OUR SECURITY AND RESIDENT PATROL. RESIDENT AND YOUTH PROGRAMS TO INCLUDE JOB TRAINING AND CONTINUED EDUCATION WILL BE PROVIDED ON SITE FOR THE PHA COMMUNITY.

**E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
RAGON HOMES	170	485+
NELSON HALL HOMES	280	380

**F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

6 Months \_\_\_\_\_ 12 Months \_\_\_\_\_ 18 Months \_\_\_\_\_ 24 Months X \_\_\_\_\_ Other \_\_\_\_\_

## G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY 1995					
FY 1996	225,000	AR37DEO0030196	-0-	NO	10/1998
FY 1997	212,086	AR37DEP0030197	-0-	NO	10/22/1998
FY1998	135,000	AR37DEP0030198	1,050	NO	07/07/2000
FY 1999	98,973	AR37DEP0030199	97,953	NO	10/2001

## Section 2: PHDEP Plan Goals and Budget

### A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

**THE FSHA WILL PROVIDE ALTERNATIVE TO DRUG AND CRIMINAL ACTIVITY WHICH ARE A THREAT TO OUR FAMILIES YOUTH. THE PH PLANS ON-SITE YOUTH PROGRAMS TO THE ENIIRE COMMUNITY BY PROVIDING MENTORING AND LEADERSHIP ROLES TO OUR YOUTH AND ADULTS. IT IS OUR GOAL TO PROVIDE CONTINUED EDUCATION , COMPUTER LEARNING AND JOB TRAINING OPPORTUNITIES TO THE ENTIRE PHA COMMUNITY. THE HA HAS PARTNERED WITH DHS, LOCAL BOYS AND GIRLS CLUB, HEADSTART DAYCARE, CHURCHES, ADULT EDUCATION, AND VISTA IN PROVIDING THE NECESSARY GUIDANCE TO OUR DEVELOPMENT. THE HA STAFF MONITORS FUNDING RESULTS WITH MANY SUCCESSFUL RESIDENTS AND A DECREASE IN CRIMINAL ACTIVITY AND DRUG ARREST IN OUR COMMUNITY.**

### B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FY2000 PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	-0-
9120 - Security Personnel	-0-
9130 - Employment of Investigators	-0-
9140 - Voluntary Tenant Patrol	1,900
9150 - Physical Improvements	4,172
9160 - Drug Prevention	96,578
9170 - Drug Intervention	-0-
9180 - Drug Treatment	-0-
9190 - Other Program Costs	500
<b>TOTAL PHDEP FUNDING</b>	<b>103,150</b>

### C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

<b>9110 - Reimbursement of Law Enforcement</b>					<b>Total PHDEP Funding: \$NA</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
2.							
3.							

<b>9120 - Security Personnel</b>					<b>Total PHDEP Funding: \$NA</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9130 - Employment of Investigators</b>					<b>Total PHDEP Funding: \$NA</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9140 - Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$1900</b>		
Goal(s)							
RESIDENT PARTICIPATION, ORGANIZED UNIT OF RESIDENT LEADERS WORKING WITH ON SITE POLICE OFFICER AND HA SECURITY PATROL							
Objectives							
NOTICESABLE DECREASE IN ON-SITE CRIMINAL ACTIVITY							

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. RESIDENT PATROL	450	RAGON HOMES	2001	2003	1000	-0-	DECREASE IN CRIME
2. RESIDENT TRAINING	450	RAGON HOMES	2001	2003	900	-0-	RESIDENT PARTICIPATION
3.							

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$4172</b>		
Goal(s)		IMPROVE SECURITY, LESSEN FEARS FOR FAMILY'S NIGHT ACTIVITIES					
Objectives		DECREASE IN VANDALISM AND AFTER HOURS CRIMINAL ACTIVITIES					
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. SECURITY LIGHTING			11-01-2001	11-01-2002	4,172	-0-	DECREASE CRIME
2.							
3.							

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$96,578</b>		
Goal(s)		TO PROVIDE ALTERNATIVE TO DRUGS AND CRIMINAL ACTIVITIES IN HA AND SURROUNDING NEIGHBORHOOD					
Objectives		TO INCREASE ECONOMIC DEVELOPMENT AND FAMILY SELF-SUFFICIENCY OPPORTUNITIES					
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. COMPUTER LAB	850	RAGON HOMES	11-01-2001	11-30-2003	26,578	-0-	PARTICIPANTS
2. YOUTH SPORTS	400	RAGON HOMES	11-01-2001	11-30-2003	30,000	-0-	SCHOOL REPORTS AND ATTENDANCE
3. JOB TRAINING	70	NELSON HALL HOMES AND RAGON HOMES	11-01-2001	11-30-2003	40,000	-0-	JOB PLACEMENT IN THE PRIVATE MARKET

<b>9170 - Drug Intervention</b>					<b>Total PHDEP Funding: \$NA</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							

2.							
3.							

<b>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$NA</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$ 500</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. AUDIT			11-01-2001	11-30-2003	500	-0-	AUDIT
2.							
3.							

### Section 3: Expenditure/Obligation Milestones

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

Budget Line Item #	25% Expenditure of Total Grant Funds By Activity #	Total PHDEP Funding Expended (sum of the activities)	50% Obligation of Total Grant Funds by Activity #	Total PHDEP Funding Obligated (sum of the activities)
<i>e.g Budget Line Item # 9120</i>	<i>Activities 1, 3</i>		<i>Activity 2</i>	
9110	-0-			
9120	-0-			
9130	-0-			
9140	ACT 1 & 2	950	ACT 1 & 2	950
9150	ACT 1	4172	ACT 1	4172
9160	ACT 1,2,3	49631	ACT 1,2,3	49631

9170				
9180				
9190	ACT 1	250	ACT 1	250
<b>TOTAL</b>		\$52303		\$52303

**Section 4: Certifications**

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the “PHA Certifications of Compliance with the PHA Plan and Related Regulations.”

MAIL VIA CERTIFIED MAIL 07/18/2001 TO LITTLE ROCK STATE OFFICE

Attachment B

COMMUNITY SERVICE

1. Attended meeting in Dallas about Community Service for Tenants.
2. Every one, that does not have a job, has to do Community Service. 8 hours per month. Exemption: SSI receiver  
T-receiver  
Tenants over 65 years of age  
Disability receiver
3. Work hours will be conducted not less than 4 hrs per day.
4. Set up appointment with DHS Director.
5. Sign contract with DHS
6. Have Tenant meeting
7. Have addendum added to all contracts.
8. Explain more in newsletter.
9. Post on bulletin board.
10. Community Service will consist of: trash pickup at Ragon  
helping the elderly at Nelson  
**Abilities Unlimited**  
Clearinghouse  
Library  
Assoc. for Retarded  
Citizens Salvation Army
11. Time cards will be required.

11. If you are attending GED classes or go to school, those hours will be counted toward the 8 mandatory hours.
12. In most cases, tenants will be allowed to make the decision on where to work.

ATTACHMENT C

DEFINITION OF "SUBSTANTIAL DEVIATION" AND "SIGNIFICANT ADMENDMENT OR MODIFICATION"

THE PHA WILL CONSIDER THE FOLLOWING ACTIONS TO BE SIGNIFICANT ADMENDMENTS OR MODIFICATIONS:

CHANGES TO RENT OR ADMISSIONS POLICIES OR ORGANIZATION OF THE WAITING LIST;

ADDITIONS OF NON-EMERGENCY WORK ITEMS (ITEMS NOT INCLUDED IN THE CURRENT ANNUAL STATEMENT OR 5-YEAR ACTION PLAN) OR CHANGE IN USE OF REPLACEMENT RESERVE FUNDS UNDER THE CAPITAL FUND;

ADDITIONS OF NEW ACTIVITIES NOT INCLUDED IN THE CURRENT PHDEP PLAN;  
AND

ANY CHANGE WITH REGARD TO DEMOLITION OR DISPOSITION, DESIGNATION, HOMEOWNERSHIP PROGRAMS OR CONVERSION ACTIVITES.

AN EXCEPTION TO THIS DEFINITION WILL BE MADE FOR ANY OF THE ABOVE THAT ARE ADOPTED TO REFLECT CHANGE IN HUD REGULATORY REQUIREMENTS; SUCH CHANGES WILL NOT BE CONSIDERED SIGNIFICANT AMENDMENTS BY HUD.

ATTACHMENT D

RESIDENT ADVISORY BOARD  
FORT SMITH HOUSING AUTHORITY  
2001

GINGER GARLE, 3300 NORTH 6<sup>TH</sup> STR., APT 146, 501 782 4454

TONY TAYLOR, 3300 NORTH 6<sup>TH</sup> STR, APT 142

SANDRA CADE, 3300 NORTH 6<sup>TH</sup> STR, APT 69

BLANCHE SMITH, 3300 NORTH 6<sup>TH</sup> STR, APT 12

KAY WILLIAMS, #236 NELSON HALL HOMES

CHRISTINE BURNS, #264 NELSON HALL HOMES

## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: FORT SMITH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No:AR37P00370698 Replacement Housing Factor Grant No:			Federal FY of Grant: 1998
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:03/31 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements SOFT COST	29700.00		29700.00	29700.00
4	1410 Administration	7500.00		7500.00	6614.59
5	1411 Audit	600.00	0		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15000.00	8065.00	8065.00	8065.00
8	1440 Site Acquisition				
9	1450 Site Improvement	12000.00	0		
10	1460 Dwelling Structures	168495.00	139983.21	139983.21	139983.21
11	1465.1 Dwelling Equipment—Nonexpendable	19500.00	0		
12	1470 Nondwelling Structures	250000.00	338046.79	338046.79	338046.79
13	1475 Nondwelling Equipment	17000.00	0		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	3500.00	0		
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: FORT SMITH HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No:AR37P00370698 Replacement Housing Factor Grant No:	Federal FY of Grant: 1998
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:03/31  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	523295		523295	522409.59
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: FORT SMITH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AR37P00370698 Replacement Housing Factor Grant No:				Federal FY of Grant:1998		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
AR001	RAGON DAYCARE	1470	1	250000	338047	338047	338047	COMPLETE
AR001	FEES AND COSTS	1430		15000	8065	8065	8065	COMPLETE
PHA WIDE	RESIDENT COORDINATOR	1408		29700		29700	29700	COMPLETE
PHA WIDE	ADMINISTRATION EXPENSE	1410		7500		7500	6615	IN PROGRESS
AR001	HEAT AND AIR	1460		109495	122723	122723	122723	IN PROGRESS
AR003	STABILIZATIONS	1460		19000	17260	17260	17260	IN PROGRESS
PHA WIDE	AUDIT	1411	600	0				
PHA WIDE	SITE IMPROVEMENT	1450		12000	0			
AR001	UTILITY TRUCK	1475		17000	0			
AR001	RELOCATION COSTS	1495. 1		3500	0			
AR001	RANGES AND REFRIGERATORS	1465. 1		19500	0			
AR003	HANDRAILS	1460		15000	0			
AR003	ROOFING	1460		25000	0			

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part II: Supporting Pages									
PHA Name: FORT SMITH HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: AR37P00370698 Replacement Housing Factor Grant No:				Federal FY of Grant:1998		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Funds Obligated	Funds Expended		
				523295		523295			

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part III: Implementation Schedule								
PHA Name:FORT SMITH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: AR37P00370698 Replacement Housing Factor No:				Federal FY of Grant:1998		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
AR001 DAYCARE	10/98					06/99		
PHA WIDE RIC	12/98					06/00		

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name:FORT SMITH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: AR37P00370698 Replacement Housing Factor No:				Federal FY of Grant:1998	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
AR003 HEAT AND AIR	06/99					06/00	



# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name FORT SMITH HOUSING AUTHORITY						<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant:2002 PHA FY: 10-01		Work Statement for Year 3 FFY Grant: 2003 PHA FY: 10-03		Work Statement for Year 4 FFY Grant:2004 PHA FY: 10-04		Work Statement for Year 5 FFY Grant:2005 PHA FY: 10-05	
PHAWIDE	Annual Statement								
		1408	81800	1408	84500	1408	88000	1408	90650
		1410	24240	1410	25350	1410	26400	1410	27195
		1411	600	1411	600	1411	600	1411	600
		1450	192000	1430	12000	1430	5000	1430	20000
		1460	314360	1450	189050	1450	154940	1450	112000
		1498	88000	1460	215000	1460	288300	1460	326555
		1430	21000	1465.1	24500	1475	8760	1475	35000
				1470	55000	1498	15000	1498	110000
				1475	16000				
				1498	100000				
CFP Funds Listed for 5-year planning		722000		722000		722000		722000	
Replacement Housing Factor Funds									

**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year 2 FFY Grant: 2002 PHA FY: 10-02			Activities for Year: 3 FFY Grant: 2003 PHA FY:10-03		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
See	PHA WIDE	RI COORDINATOR AND AFFORDABLE HOUSING COORDINATOR	81800	PHA WIDE	RI COORDINATOR AND AFFORDABLE HOUSING COORDINATOR	84500
Annual	PHA WIDE	ADMINISTRATION EXPENSE	24240	PHA WIDE	ADMINISTRATION EXPENSE	25350
Statement	PHA WIDE	AUDIT	600	PHA WIDE	AUDIT	600
	PHA WIDE	FEE A/E	21000	PHA WIDE	FEES A/E	12000
	AR003001	DRAINAGE SYSTEM	192000	PHA WIDE	SEWER LINES	189050
	AR003003	FLOORS, ROOFS, PARKING BAYS	314360	AR003003	FLOORS, ROOFS, PARKING BAYS	215000
	PHA WIDE	AFFORDABLE HOUSING	8100	AR003001	UTILITY VEHICLE	24500
				AR003003	APPLIANCES	16000
				AR003001	MAINTENANCE STORAGE	55000
				PHA WIDE	AFFORDABLE HOUSING	100000



**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

Activities for Year :4 FFY Grant: 2004 PHA FY: 10-04			Activities for Year:5 FFY Grant: 2005 PHA FY: 10-05		
<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
PHA WIDE	RI COORDINATOR AND AFFORDABLE HOUSING COORDINATOR	88000	PHA WIDE	RI COORDINATOR AND AFFORDABLE HOUSING COORDINATOR	90650
PHA WIDE	ADMINISTRATION EXPENSE	26400	PHA WIDE	ADMINISTRATION EXPENSE	27195
PHA WIDE	AUDIT	600	PHA WIDE	AUDIT	600
PHA WIDE	FEES A/E	5000	PHA WIDE	FEES A/E	20000
AR003003	LANDSCAPE, SEWER	154940	AR003003	LIGHT POLES, FENCE, LANDSCAPE	112000
AR003001	CABINETS, LIGHTING FIXTURES	288300	AR003003	LIGHT FIXTURES, TILE, STABLIZATION, PLUMBING	326555
PHA WIDE	SEWER MACHINE	8760	AR003001	UTILITY VAN	35000
PHA WIDE	AFFORDABLE HOUSING	150000	PHA WIDE	AFFORDABLE HOUSING	110000



**Capital Fund Program Five-Year Action Plan**  
**Part I: Summary**

*SAMPLE*

PHA Name <i>Anytown Housing Authority</i>		<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005
	<b>Annual Statement</b>				
<i>10-01/Main Street</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>
CFP Funds Listed for 5-year planning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>
Replacement Housing Factor Funds		<i>\$40,000</i>			





## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: FORT SMITH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AR37P00370799 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
X Performance and Evaluation Report for Period Ending: 03/31 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements SOFT COSTS	49000		49000	49000
4	1410 Administration	18000		18000	8943
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	28000	18000	18000	12603.63
8	1440 Site Acquisition				
9	1450 Site Improvement		10000	10000	10000
10	1460 Dwelling Structures	309045	502645	502645	502645
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	200300	6700	6700	6700
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: FORT SMITH HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: AR37P00370799 Replacement Housing Factor Grant No:	Federal FY of Grant: 1999
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
**X**Performance and Evaluation Report for Period Ending: 03/31  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	604345		604345	589891.63
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name:FORT SMITH HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P00370799 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name:FORT SMITH HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program No:AR37P00370799 Replacement Housing Factor No:				Federal FY of Grant: 1999	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HEAT AND AIR CONDITIONING	03/00			03/01			
RI COORDINATOR	09/00			03/01			

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name:FORT SMITH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No:AR37P00370799 Replacement Housing Factor No:					Federal FY of Grant: 1999
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	





**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual						
Statement						
<b>Total CFP Estimated Cost</b>			\$			\$



**Capital Fund Program Five-Year Action Plan**  
**Part I: Summary**

*SAMPLE*

PHA Name <i>Anytown Housing Authority</i>					<input type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005
	<b>Annual Statement</b>				
<i>10-01/Main Street</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>
CFP Funds Listed for 5-year planning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>
Replacement Housing Factor Funds		<i>\$40,000</i>			





**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: FORT SMITH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AR37P00350100 Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements SOFT COSTS	49000		49000	
4	1410 Administration	38000	38600	38600	
5	1411 Audit	600	0		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	32300		32300	
8	1440 Site Acquisition				
9	1450 Site Improvement	110000	60000	60000	
10	1460 Dwelling Structures	231700	369100	369100	313054.13
11	1465.1 Dwelling Equipment—Nonexpendable	38000	30000	30000	
12	1470 Nondwelling Structures	25655	0		
13	1475 Nondwelling Equipment	41745	0		
14	1485 Demolition				
15	1490 Replacement Reserve	143000		143000	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: FORT SMITH HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: AR37P00350100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
**X** Performance and Evaluation Report for Period Ending: 03/31  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	12000	0		
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	722000		722000	313054.13
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name:FORT SMITH HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: AR37P00350100 Replacement Housing Factor Grant No:			Federal FY of Grant:2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	RI COORDINATOR	1408		49000		49000		IN PROGRESS
PHA WIDE	AFFORDABLE HOUSING COORDINATOR	1410		38000	38600	38600		IN PROGRESS
PHA WIDE	AUDIT	1411		600	0			IN PROGRESS
PHA WIDE	A/E, PLANS, SPECS	1430		32300		32330		IN PROGRESS
AR003003	PARKING BAYS AND SEWER	1450		11000	60000	60000		IN PROGRESS
AR003003	STABILIZATIONS, ROOFS, SHOWERS, FLOORS, CABINETS	1460		231700	369100	369100	313054	IN PROGRESS
PHA WIDE	APPLIANCES	1465.1		38000	30000	30000		IN PROGRESS
PHA WIDE	MAINTENANCE TRUCK AND TOOLS	1475		41745	0			IN PROGRESS
PHA WIDE	REPLACEMENT RESERVES FOR AC PROJECT 99	1490		143000		143000		IN PROGRESS

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:FORT SMITH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AR37P00350100 Replacement Housing Factor Grant No:			Federal FY of Grant:2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	NON DWELLING STRUCTURES	1470		25655	0			IN PROGRESS
AR003001	RELOCATION COSTS	1495.1		12000	0			
				722000		722000	313054	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: FORT SMITH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: AR37P00350100 Replacement Housing Factor No:					Federal FY of Grant: 2000
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
RI COORDINATOR	03/01						
AFFORDABLE HOUSING COORDINATOR	03/01						
A/E	03/01						
REPAIRS AR003003	03/01						
REPLACEMENT RESERVES FOR AC PROJECT 99	03/01						







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<b>Total CFP Estimated Cost</b>	\$			\$
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<b>Total CFP Estimated Cost</b>	\$				\$

**Capital Fund Program Five-Year Action Plan**

**Part I: Summary**

*S A M P L E*

PHA Name <i>Anytown Housing Authority</i>		<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005
	<b>Annual Statement</b>				
<i>10-01/Main Street</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>
CFP Funds Listed for 5-year planning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>
Replacement Housing Factor Funds		<i>\$40,000</i>			

**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

*SAMPLE*

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2002 PHA FY: 2002			Activities for Year: <u>3</u> FFY Grant: 2003 PHA FY: 2003		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>See</b>	<i>10-01/Main Street</i>	<i>Porches</i>	<i>\$35,000</i>	<i>10-01/Main Street</i>	<i>Security Doors replaced</i>	<i>\$36,000</i>
		<i>Doors</i>	<i>\$45,000</i>			
	<i>Subtotal</i>		<i>\$80,000</i>			
<b>Annual</b>	<i>10-02/Broadway</i>	<i>Windows</i>	<i>\$55,000</i>	<i>10-02/Broadway</i>	<i>Kitchen Cabinets</i>	<i>\$40,900</i>
		<i>Site Improvements</i>	<i>\$35,000</i>			
	<i>Subtotal</i>		<i>\$90,000</i>			
<b>Statement</b>	<i>HA-wide</i>	<i>Office Equip/Computer System upgrade</i>	<i>\$100,000</i>	<i>HA-Wide</i>	<i>Security/Main Office and Common Hallways</i>	<i>\$50,000</i>





**Component 3, (6) Deconcentration and Income Mixing**

- a.  Yes X No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b.  Yes X No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

<b>Deconcentration Policy for Covered Developments</b>			
<b>Development Name:</b>	<b>Number of Units</b>	<b>Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]</b>	<b>Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]</b>